

2015 "Bright Lights" Nomination Guide

Application deadline is **Friday, August 7, 2015**.

How to submit a nomination:

1. **Review the nomination categories in advance (click below to read category descriptions).**
 - i. [Population-based primary health care: planning and integration for the community*](#)
 - ii. [Optimizing capacity of interprofessional teams*](#)
 - iii. [Transforming patients' and caregivers' experience and health*](#)
 - iv. [Building the rural health care team: making the most of available resources](#)
 - v. [Advancing manageable meaningful measurement*](#)
 - vi. [Leadership and governance for accountable care](#)
 - vii. [Clinical innovations keeping people at home and out of the hospital](#)

2. **Review nomination evaluation criteria ([see below](#)).**

3. **Complete the [online nomination form](#). [See below](#) for tips on filling out the form.**

4. **Submit supporting documents to info@afhto.ca:**
 - a. **1-4 high-quality photos of nominees** in png. or jpg. format to be featured at the Awards Dinner on October 28 ([see below](#) for more information).
 - b. Signed [statement of attestation](#) to release photos for AFHTO use.
 - c. Any supporting evidence and materials as appropriate.

5. **Deadline to complete online form and submit supporting documents is August 7, 2015.**

Submitting nominee photos

Bright Lights Award nominees are asked to submit **1-4 high-quality** photos of nominees to be included in a video highlighting each award theme and your outstanding work before announcing award winners on Oct. 15. **All photos must be submitted by September 1, 2015:**

- Please include photos in jpg. or png. format of:
 1. Nominee and/or team members
 2. The Family Health Team or Nurse Practitioner Led Clinic
 3. The nominee interacting with patients
 4. Choice of any of above
- Signed [statement of attestation](#) to release photos for AFHTO use.
- Make sure the building, FHT/NPLC logo or other defining element is prominently displayed.
- Make sure photos are well lit and taken without obstruction.

Completing the online nomination form: <https://www.surveymonkey.com/r/brightlights2015>

- To avoid the risk of losing information, it is best to enter the nomination all in one session.
- The nomination form must be filled in online and IN FULL.
- Any supporting data may be e-mailed separately to info@afhto.ca.

Respond to each of the following questions in 100 words or less:

1. Select the category that best applies to this achievement. See below for full category descriptions.
2. Achievement to be recognized (brief title)
3. Brief description of the achievement and why it merits recognition
4. Describe the evidence available to demonstrate the impact of this achievement.
 - a. Quantitative or qualitative data will be accepted as appropriate for the achievement being recognized.
5. What is the nominee doing to sustain this achievement and continue to improve in this area?
6. To what extent does this achievement offer other teams new learning, processes and/or resources that can lead to improvement?
7. Describe action taken by this nominee to spread this achievement more broadly (i.e. mentoring others, presentations to others, publications, etc.)

Nomination Evaluation Criteria:

The review committee will score each nomination on a scale of 1 (Very low) - 5 (Very high) for the extent to which the achievement:

1. Reflects significant achievement within the award category. The innovation may be large or small, but the impact is significant for the patients, community and/or primary care team
2. Exemplifies innovative thinking and leadership
3. Is sustainable with potential for continued improvement
4. Offers significant, useful and relevant learning opportunities/resources to primary care teams
5. Is being spread and adopted more broadly
6. Is backed up by evidence of impact

For nominations to be considered by the review committee, the online form must be completed in full and all supporting materials for evidence of impact sent to info@afhto.ca.

Bright Lights Award Categories

1. [Population-based primary health care: planning and integration for the community*](#)
2. [Optimizing capacity of interprofessional teams*](#)
3. [Transforming patients' and caregivers' experience and health*](#)
4. [Building the rural health care team: making the most of available resources](#)
5. [Advancing manageable meaningful measurement*](#)
6. [Leadership and governance for accountable care](#)
7. [Clinical innovations keeping people at home and out of the hospital](#)

Winners in the four categories marked above () will receive an education grant.*

1. *Population-based primary health care: planning and integration for the community

Two award recipients in this category will receive education grants from Boehringer Ingelheim to attend the [Institute for Healthcare Improvement Conference](#) on March 20-22, 2016, in Orlando, Florida.

Description: Primary care organizations serve communities with diverse populations facing unique needs and barriers. Identifying needs and planning programs to improve population health and achieve greater equity requires engagement and collaboration with patients and community partners. This stream will focus on population-based approaches to program planning to respond to community needs, developing partnerships, caring for patients in the broader community and Health Links.

2. *Optimizing capacity of interprofessional teams

Award recipient will receive a \$3,000 education grant for their team from Merck Canada.

Description: Interprofessional primary care teams are being called upon to provide high-quality, comprehensive, well-integrated care to all patients who need it. This requires high functioning teams able to provide healthy working environments, optimize capacity and allow all team members to work to full scope of practice. This stream focuses on how teams have overcome barriers to engage all team members in providing care, leverage the team to meet community needs, change behavior from solo to group practice, manage conflict within the team, strengthen care coordination internally and in the community, and expand access.

3. *Transforming patients and caregivers experience and health

Two award recipients in this category will receive education grants from Boehringer Ingelheim to attend the [Institute for Healthcare Improvement Conference](#) on March 20-22, 2016, in Orlando, Florida.

Description: Healthcare in Ontario is moving towards an integrated, population-based health care system; it's about what's important to the patient and evolving our health care system to match that. Interprofessional primary care teams work with patients and caregivers to develop services that respond to their expectations and needs. This stream focuses on the programs, initiatives and changes that include the patient and caregiver voice in strategic and program planning, and care delivery.

4. Building the rural health care team: making the most of available resources

Description: Rural health care teams face unique challenges in providing care across large areas with small teams, isolated patients and limited access to resources. These teams find innovative solutions to reach remote patients and specialist care using technology, creating teams and community partnership across significant distance to provide care in a timely manner. This stream focuses on the lessons and innovations that maximize the use of resources in these environments which can be applied in wider team-based primary care settings.

5. *Advancing manageable meaningful measurement

Award recipient will receive a \$3,000 education grant for their team from Merck Canada.

Description: Primary health care is growing its capacity to use data for improvement and give measurable evidence of the value of interprofessional primary care. This stream will share experiences of teams collecting and using data, improving access to patient health records while maintaining privacy, and maximizing use of EMRs.

6. Leadership and governance for accountable care

Description: Boards hold their organization's management accountable for performance. In turn, boards are accountable to their "shareholders" – for FHTs and NPLCs, this is the Ministry of Health and Long-Term Care. Accountability in primary care is evolving -- it includes patients, the local community, community partners, Health Links, and increasingly, LHINs. Primary care boards and leaders must have the means to track performance, quality of care and value delivered, take action when needed, and meet the expectations of those to whom the organization is accountable. This stream focuses on the practices, tools and tips to support boards and leaders in good governance, strategic population-based planning, performance measurement, making evidence-informed decisions and supporting the development of leadership within the team.

7. Clinical innovations keeping people at home and out of the hospital

Description: A sustainable health system must meet the triple aim of better health, better care and better value. Primary care teams have comprehensive programs focused on everything from health promotion, mental health, illness prevention through chronic disease management to palliative care. These programs engage the whole team in providing care where and when patients need them in order to help them stay home and out of the hospital. This stream focuses on successful examples and lessons learned in program planning and delivery for teams to use in their own community.